INSTRUCTIONS TO COMPLETE VOLUNTARY RETAIL STANDARDS ENROLLMENT FORM

1) Complete all highlighted areas on the enrollment sample form accordingly.

2) Determine standards that your jurisdiction has met, all Health Departments in Michigan have been determined to have met Standard 1, some have met Standard 7.

3) Check the corresponding boxes for both Self Assessment and Verification Audit for standards met.

4) Print off 2 copies.

5) Sent a copy to:
   Michigan Department of Agriculture
   P.O. Box 30017
   Lansing, MI 48909
   Attn: Kevin Besey

MDA will complete the remainder of the enrollment form and forward to FDA for enrollment completion. You will be sent a copy for your records.

Appendix I – FDA National Registry Report

FDA FORM 3519

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION **FDA National Registry Report**	**FORM APPROVED:** **OMB NUMBER:** **EXPIRATION DATE:**

Jurisdiction Reporting	**Address**	**City**	**State**	**Zip**

To: FDA Regional Retail Food Specialist	**Date**

Enrollment Only: □	**Self Assessment:** □	**Verification Audit:** □	**Baseline Survey:** □
Standard #	Standard Met (√ all that apply & add the date met)	Verification Audit Confirmed	Original: □ Update: □
	Date: (required)	Date: (required)	Date:
1.	□	□	Date:
2.	□	□	
3.	□	□	
4.	□	□	
5.	□	□	
6.	□	□	Survey Audit Confirmed: □
7.	□	□	Date:
8.	□	□	
9	□	□	
Risk Reduction Confirmed			Yes: □ No: □

Self Assessment Completed by:			
Name (printed)	Signature	Title	Agency

Verification Audit Completed by:			
Name (printed)	Signature	Title	Agency

Baseline Survey Completed by:			
Name (printed)	Signature	Title	Agency

Baseline Survey-Update Completed by:			
Name (printed)	Signature	Title	Agency

Action Plan Completed by:			
Name	Signature	Title	Agency

Public reporting burden for this collection of information is estimated to average 92 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Food and Drug Administration, Division of Cooperative Programs (HFS-627), CFSAN, 5100 Paint Branch Parkway, College Park, Maryland 20740. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Signed *Affidavit of Permission to Publish* in National Registry transmitted with this report?

Yes: □ No: □

Program Manager Name: (print)	**Signature of Program Manager:**	**Date**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

FROM APPROVED:
OMB NUMBER:
EXPIRATION DATE:

RELEASE RECORD AND AGREEMENT - PERMISSION TO PUBLISH IN NATIONAL REGISTRY

I, the undersigned, am enrolling _____as participant in the Draft Voluntary National Retail Food Regulatory Program Standards.

I, the undersigned, confirm, that a *Self-Assessment* of the _____ Retail Food Program, has been completed in accordance with the ***U.S. Food and Drug Administration (FDA) Draft Voluntary National Retail Food Regulatory Program Standards*** on_____(*date*).

I, the undersigned, confirm that_____ (*Name of Jurisdiction*) has completed a baseline survey on the occurrence of foodborne illness risk factors.

I, the undersigned, confirm, that I have:

- Requested _____ *(Auditor)* perform a *Verification Audit* of the above-named Retail Food Program *Self-assessment*.
- Reviewed and agree with the findings of the *Verification Audit* report dated _____.
- Requested that the *Auditor* forward the *Verification Audit* report, dated _____, to the FDA.

On behalf of the state or local regulatory agency, permission is hereby granted to publish the following in the FDA National Registry of Retail Food Protection Programs via the Internet:

- Enrollment information
- Self-assessment findings
- Baseline survey completion date and trend, if applicable
- Verification audit findings

Public reporting burden for this collection of information is estimated to average less than 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Food and Drug Administration, Food and Drug Administration, Division of Cooperative Programs (HFS-627), CFSAN, 5100 Paint Branch Parkway, College Park, Maryland 20740. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Signed**:** _____ Title: _____

Jurisdiction: _____ Date: _____

FDA FORM 3520